

**SEVIS Transfer-In Verification Form**

This form is required of all F-1 or J-1 international students admitted full-time to Northern Arizona University and who are currently enrolled at another U.S. school/college/university OR are in a period of Post-Completion Optional Practical Training (OPT) or Academic Training (AT).

- A student cannot be issued a Certificate of Eligibility (I-20 or DS-2019) from Northern Arizona University until this form is completed in full, the SEVIS record release has been scheduled, and the transfer release date has passed.
- If student needs to travel out of the country and plans to return after the SEVIS release date, please be aware that he/she must be in possession of an I-20 or DS-2019 form issued by Northern Arizona University and a valid visa.

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**Part 1: To be completed by the STUDENT:**

\*Name should be written as shown on your government issued passport.

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

NAU Student ID #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SEVIS ID # \_\_\_\_\_

I-20 Shipment Information (through Federal Express): \_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City) (State) (Zip code)

\_\_\_\_\_  
(Phone Number at this address)

Address Effective Until: \_\_\_\_\_  
(Month Day Year)

*I hereby authorize the Designated School Official (DSO/ARO) to provide the information below to NAU.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Part 2: To be completed by the international advisor (DSO/ARO):**

The above named student intends to transfer to Northern Arizona University. Please email a copy of this form to our office at: [studynau@nau.edu](mailto:studynau@nau.edu). Our SEVIS code is: PHO214F00090000 / our program # is: P-1-04989.

To the best of your knowledge, is the student named above in status according to United States Department of Homeland Security regulations and eligible for transfer?

Yes \_\_\_\_\_ No \_\_\_\_\_ (Please note, NAU does not accept completed OR terminated records)

Is the student currently on OPT? Yes \_\_\_\_\_ No \_\_\_\_\_

SEVIS Transfer Date: \_\_\_\_\_

DSO/ARO: *I certify that the above information is valid and correct:*

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone Number: \_\_\_\_\_